35.C9583 CI/DII



PATENT APPLICATION B/D/D

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Examiner: A. Christensen

YOICHI YAMAGUCHI

Group Art Unit: 2712

Application No.: 08/898,921

Filed: July 23, 1997

For: IMAGE PROCESSING
SYSTEM AND
INFORMATION

Examiner: A. Christensen

Forum Art Unit: 2712

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DEC 01 2000

Technology Center 2600

November 21, 2000

Commissioner for Patents Washington, D.C. 20231

PROCESSING APPARATUS

## AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicant petitions to extend the time for response to the Office Action dated May 23, 2000 to November 23, 2000. A check in the amount of \$890.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

In response to the Office Action, please amend the above-identified application as follows:

11/24/2000 JADDO1 00000022 08898921

01 FC:117

890.00 OP

In re Application of:

YOICHI YAMAGISHI

Application No.: 08/898,921

Filed: July 23, 1997

For: IMAGE PROCESSING SYSTEM AND

INFORMATION PROCESSING APPARATUS

NOV 2 2 2000 W

Docket No. 35.C9583 CI/DII

Examiner: A. Christensen

Group Art Unit: 2712

Date: November 21, 2000

THE COMMISSIONER FOR PATENTS Washington, D.C. 20231

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DEC 0 1 2000

Sir:

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT	(4) HIGHEST NO. PREVIOUSLY PAID FOR		(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 5	MINUS	** 20	0	x \$9 \$18	0
INDEP. CLAIMS	* 1	MINUS	*** 3	= 0	x \$40 \$80	0
Fee for Multiple Dependent claims \$135°/\$270 0					0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT 0					0	

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

$^{\circ}$ Verified	Statement	claiming	small	entity	status	is	enclosed,	if	not
 filed pre	viously.	_							

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$ 890.00 to cover the fee for a three month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant

Registration No. 25,823

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120